

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CLINICAL SUPERVISOR EDUCATION AND TRAINING

Complete this form for each course/seminar attended and return directly to DSPPS. You may fax/email to: (608) 251-3036 or dspscredsubstanceabuse@wisconsin.gov. Make additional copies of this form as needed.

Include proof of attendance and completion, and course descriptions.

The education for intermediate clinical supervisors and independent clinical supervisors must include 30 hours of classroom training in clinical supervision. This shall include a minimum of 6 hours of training in each of the following domains:

- Assessment or evaluation
- Counselor development
- Management or administration
- Professional responsibility

Type of credential: (check a box) ☐ Intermediate CS ☐ Independent CS

Last Name

First Name

MI

Former / Maiden Name(s)

				Total Classroom Hours			
Title of Training	Training Offered by	Name of Trainer	Dates of Attendance (month/year)	Assessment or Evaluation hrs.	Counselor Development hrs.	Management of Administrator hrs.	Professional Responsibility hrs.
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The total number of contact hours submitted must equal at least 30 hours.				TOTALS:			